

**CLAIMS AS FILED - PART I**

FOR		NUMBERED	NUMBER EXTRA	SMALL ENTITY		ON	OTHER THAN SMALL ENTITY	
DATE				RATE	FEE		RATE	FEE
BASE FEE (1) OFR 1.10(1)					\$ 1.00	ONE		\$ 1.00
TOTAL CLAIMS (2) OFR 1.10(2)				\$ 1.00		TWO	\$ 1.00	
DEPENDENT CLAIMS (3) OFR 1.10(3)				\$ 1.00		THREE	\$ 1.00	
NON-DEPENDENT CLAIMS (4) OFR 1.10(4)				\$ 1.00		FOUR	\$ 1.00	
TOTAL							TOTAL	

**CLAIMS AS AMENDED - PART 11**

AMENDMENT A		(Column 1)	(Column 2)	(Column 3)
		CLASIS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL (IN CYR 1 NOTE)	44	48	=	
INTERPOLATION (IN CYR 1 NOTE)	6			
FIRST PRESENTATION OF NON-TYPE DEPENDENT CLASS (IN CYR 1 NOTE)				

  

SMALL ENTITY	
DATE	ADDITIONAL FEE
25	
100	
TOTAL ADDL FEE	

  

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
50	
200	
TOTAL ADDL FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLASAS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
First UP TO 10000	42	None	48	1	A 1 - - - -	ONE A 1 - - - -
Subsequent UP TO 10000	5	None	6		A 1 - - - -	ONE A 1 - - - -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) OF 10000					A 1 - - - -	ONE A 1 - - - -
				TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE

	(Column 1)	(Column 2)	(Column 3)
<b>CLAIMS REMAINING AFTER THIS PRESENTATION</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>TRESENI FEE</b>
Dependent PS Fee = \$0.00	43	43	
Independent PS Fee = \$0.00			

FIRST PRESENTATION OF AN INDEPENDENT CLAIM (2) CFR 1.1002

RATE	ADDITIONAL FEE
\$ 1.00	
\$ 2.00	
\$ 3.00	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
\$ 1.00	
\$ 2.00	
\$ 3.00	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "D" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 70, enter "70".  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 2, enter "3".  
 \* The "Highest Number Previously Paid For" (first or independent) is the highest number listed in the appropriate box in section 1.

This request is not addressed, unless indicated by the D/C. If it is, the information requested to obtain or retain a benefit by the person involved is his (and his family) past present and anticipated future disability as provided by SS-11 (C-2); and the D/C if the collection is continuing is age 17 months for complete medical diagnosis, response and extending the completed application form to the USPIO time and year depending upon the reason for case. Any comments on the amount of time you require to complete this task and/or suggestions to reduce the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND OFFS OR COMMENTS DIRECTLY TO THIS ADDRESS). SPINTEL Communications for Patents, P.O. Box 1450, Alexandria, VA 22313-1450